

Beatrice State Developmental Center Quality Improvement and Investigations

While each of the five Intermediate Care Facilities (ICFs) on the BSDC campus has its own internal quality and compliance functions, BSDC has an independent Quality Improvement and Investigations team that operates independent of the five ICFs. The Division developed this team, which is led by Pam Kunzman, to ensure the long-term sustainability of the progress at BSDC. This team is divided onto three focused areas: quality improvement, human legal rights and advocacy, and training.

Compliance/General Quality Improvement

The Quality Improvement Team is led by Kathy Whitmore and consists of 5 Compliance Specialists, one assigned to each ICF. The Compliance Specialists have had extensive training in the rules and regulations for intermediate care facilities for both the State of Nebraska and CMS Title XIX. The compliance specialists know the rules, understand how to interpret the rules, how they apply to everyday tasks, and they are able to coach and mentor the direct care staff to ensure they are providing the best support under these guidelines. When the compliance specialists are not teaching, they serve as our internal auditors and conduct regular surveys on campus using our new self-audit tools.

The Quality Improvement team also has a Qualified Developmental Disability Professionals Coordinator (Q Coordinator). This position provides support, mentoring and training to the Qualified Developmental Disability Professionals (QDDPs) for all ICFs on the BSDC campus. The Q Coordinator teaches the QDDPs how to interpret the Title XIX regulations, and how to apply them to ensure the best quality of care and support to the individuals who live here. This position also ensures that we have good communication and consistency of information between the QDDPs. The person in this position acts as a liaison between other departments and the QDDPs to ensure that information is shared accurately across all areas. The Q Coordinator also audits the IPP plans and habilitation records as part of the team's quality checks.

The Quality Improvement team has developed monitoring tools to assess all areas and levels of services provided in the ICFs. The Compliance Specialists conduct monthly audits of the ICF to which they are assigned. They then provide feedback to the ICFs Area Administrator so that improvements can be made timely. On a quarterly basis, the Compliance Specialists each audit an ICF to which they are not normally assigned; this ensures that each ICF is reviewed routinely by a "fresh set of eyes." The quarterly audit (consisting of 165 points of service) is part of the QI plan for each ICF. The quarterly audits are then compared with the monthly audits to ensure the consistency and quality of the team's work product.

The BSDC Quality Improvement plan also consists of 50 other quality indicators that are monitored on a quarterly basis. The quality indicators were selected after a review of regulatory requirements and discussions with each department. The data for each quality indicator and the quarterly audits by the Compliance Specialists is summarized and reported to the ICF Area Administrators. The Quality Improvement team identifies trends, patterns, or areas of concern and these are brought to the attention of the Area Administrators, who are then required to write plans of correction to address any identified concerns. The Area Administrator's plans are reviewed by the Quality Improvement team and by the BSDC Senior Leadership. Each quarter, areas of concern and plans of correction are monitored to ensure that progress is made, certification is sustained, and excellent support is provided to each individual on the BSDC campus.

Included herein is a sample "Dashboard," which is a summary report prepared as part of the quarterly Quality Improvement Plan. The Quality Improvement team will continue to perform compliance activities on the BSDC campus and will annually assess these activities to determine whether adjustments or improvements are warranted.

Human Legal Rights and Advocacy

The Human Legal Rights and Advocacy (HLRA) team is led by Deb Turman and consists of 4 investigators and a staff assistant. The HLRA team is responsible for ensuring that individuals living at BSDC are afforded basic human rights, and that their legal rights are not restricted without appropriate review (as required by state and federal regulations). The HLRA team is also responsible for investigating allegations of abuse and neglect at BSDC.

A significant rights restriction in an ICF environment is the use of physical, chemical, and mechanical restraints. BSDC has diligently worked to reduce restraints since 2007, and the HLRA team has played an integral role in this effort. HLRA has partnered with the Quality Improvement and Training teams to work with staff all across the BSDC campus to create a culture that values the people living at BSDC as individuals and focuses on person-centered practices and positive behavioral supports. Statistical data related to restraint usage at BSDC is included herein.

The HLRA team has received extensive training in investigative strategies, including the Basic Investigations, Mortality Review and Death Investigations, and Weighing Evidence and Drawing Conclusions courses by Human Labor Relations, Inc., and Internal Investigation Policies and Procedures training from Sandy Carmichael in Human Resources. All investigators have experience in forensics and corrections. Two have more than 20 years of law enforcement investigations experience; one has completed college coursework in forensics and investigations as well as work experience.

BSDC does thorough background checks and requires employees to participate in significant training, but it cannot be certain that its employees will never make bad decisions or act inappropriately. The goal of the HLRA team, however, is to ensure that BSDC has the ability

to respond promptly and thoroughly to all allegations of abuse and neglect or any improper rights restriction. Investigations are reviewed each month by a quality assurance team and feedback is provided to help the Investigations team determine whether adjustments or improvements are required.

Training

The Training team is led jointly by Pam Kunzman and Kathy Whitmore, and is comprised of two BSDC staff and a Human Resources employee.

Intensive training has occurred at BSDC over the past several years. Some of the training was provided by outside experts, and many internal training sessions have been developed as well. Since staff work at BSDC 24 hours per day, the Training team works diligently to utilize new technology to allow all staff to access training opportunities. The teaching methods we have developed include: creating training videos using our staff as actors, script writers, and directors; PowerPoint slide shows with audio narrative; documents to be read in written form or listened to in audio format; and various in-person training sessions, with a focus on role-play and active participation. All electronic training materials are stored on our intranet and can be accessed at any time. Additionally, the Training team develops competency-based components to training modules to ensure that employees have mastered the information and skills being trained. This has transformed the way we do business and has brought us much success in our recertification efforts.

The team is in the process of coordinating with BSDC leadership to create a formal training program for all staff within the upcoming year. Each position on the BSDC campus will have a defined curriculum for on-going training and a career path for growth. For each training element, the team will identify the teaching method to use for the material, how we will assess competency for the new material, and who should be required to take the training sessions. The training program will help us maintain a high standard of care and sustain the progress we have made. The team will assess competency after the training through on-line quizzes, personal observation, and skill demonstrations by the employees.

The assignment of training, the on-line quizzes, competency and completion of training is now managed and tracked through the Talent Edge learning management system available through the state. This is a new program the state personnel office has made available, and BSDC is one of the first entities to implement it. This system will provide individuals and managers at BSDC with reports to ensure that all training is completed in a timely manner.

Training is viewed as an investment in our people, for they are our most valuable resource. Without adequate and ongoing training, BSDC cannot continue with long-term success. The Training team will continue to work with its partners across the BSDC campus to further assess training needs and make program changes as needed.

Indicator - Cafaty			אומוב רחוו	1	Sheridan Cot		Solar Cot		Annua Maria		1	idali bidg.
וומוכמוסו - סמובול	0,1	02	Q1	0,5	0,1	02	01 0	02	Q1	02	Q1 Q2	7
Abuse/Neglect:						777 4 100						
100% of the people that reside at the facility will not experience abuse or neglect.	100%	95%	100%	93,75	96,30%	7001	97.50%	100%	97.10%	92%	100%	100%
100% of the people that reside at BSDC will									485			
not experience an injury related to abuse or neglect.	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
100% of the individuals that live at the facility will not experience abuse by a peer.	58.40%		72.00%	81.25%	80	85.71%	99	82.05%	7	64%	76.50%	100%
Restraint												
100% of the people residing at the facility will not use mechanical, physical, or chemical	7000		700%	78C VO	100%	9610%	7	27 40%	81 10%	%89	100%	100%
restraints. 100% of all Individuals who live in each facility	98%	%QC	100%	34.40%		20.107		27.40%	07:10	0000	7007	1007
will not experience medical restraints.	*	*	*	*	* *	*	* *		**	*	* *	
Investigations:		With the second value of										
100% of the assignments, within the investigation will be completed within 30 days.												
	77%		%//	100%	%//	100%	%//	%00I	11%	300 to 200%	%//	7007
U% Of incidents Will be preventable	100%	33.00%	100%	100%	L	100%	-	100%	100%	100%	100%	100%
Trends noted Yes (Y) or No (N))		Z		Z	Z	Z	z			z	z	
Significant Incidents	1											
100% of the people residing at the facility will												
not experience significant or sentinel	%58	%9b	%UU Zb	100%	%68	96.40%	97.50%	84.60%	94.20%	%96	%26	100%
injuries/incluents. 0% of incidents are preventable	%0	%0	%0	%0		%0	_	%0	%0	%0	%0	%0
100% of Individuals will not have choking incidents	100%	1	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
100% of the individuals that reside at the facility will experience less than 3 falls for the quarter.	87,50%	72%	90.60%	96.80%	100%	100%	92.50%	92.30%	95.80%	%96	100%	100%
Reportable Incidents						1						
100% of the Individuals that live at the facility												
will average less than 2 incidents per quarter.	3.5	3,44	2.53	1.31	1.3	1.07	2.3	1.4	1,9	2.4	1.9	0.4
How many incidents were preventable	0	%0	0	%0	0	%0	0	%0	0	%0	0	0
Psychology												
100% of new BSP's are reviewed by the	**	**	*	*	*	**	*		**	*	**	

James odt af beneding steribilital to 10001	Date of the Control		State Cott		Sheridan Cot		Solar Cot		Kennedy		rid	ridan Bldg.
taken) are making progress on their BSP.		97	*	*	*	*	**				*	*
Training of staff												
100% of the staff at the facility will be current in required CPR training.	100%	100%	100%	100.00%	100%	100%	%66 9	100%	100%	100%	100%	100.00%
100% of the Medication Aides at the facility will be current in their certification.	100%	100%	100%			100	-	100%	100%	100%	100%	
100% of the staff at the facility will be current in required Mandt Training	98.60%		6	1				97.49%	%86	100%	%86	100.00%
100% of staff using mechanical lift and slings have completed competency	* *	N/A	*		*		*	100%	* *		* *	100%
Home Audits completed by												
Home Leaders												
There will be 0 significant concerns with Home Audits during meals.	m	1	**	3	**	12	**	-	* * *	, c	* * *	,
There will be 0 significant concerns with Home Audits during medication administration.		0	* * *		*	,	* * *	1 (* *		* * *	4
There will be 0 significant concerns with Home Audits during Home Services.	2	2	* *			19	* *		*		* * *	
There will 0 significant concerns with Home Audits during day services	0	0	* * *	0	**	15	**		* *	, m	* *	0
There will be 0 significant concerns with Home Audits during Physical Plant observations	0	0	* *	0	*	2	* * *	0	*		**	0
There will be 0 significant concerns with Home Audits during record review	0	0	*** 0	0	* * *	3	* *	0	* *		* * *	1
There will be 0 significant concerns with Home Audits during interview processes	0	0	* * *	0	* *		* *		* *		* *	0
Drills												
100% of the fire drills completed at the facility will be completed according to facility policies and procedures.	91%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Vehicle information												
The number of vehicle accidents each quarter. The number will be reduced each quarter.	t	0	0	1	0	2	0	0	0	0	0	0

BSDC - ALL ICF	State Bldg		State Cott		Sheridan Cot		Solar Cot		Kennedy			ridan RIda
									A STATE OF THE PARTY OF THE PAR		1	900
Indicator - Healthcare												
100% of medication errors will not result in												
harmful outcomes.	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Incidents of pneumonia (aspiration and								8				
community acquired) will be improved by 1%							2		0		0	2
each quarter.	0 incidnets	0 incidnets	1 incident	2 incidents	0 incidnets	1 incident	incidnets	incidnets 5 incidnets	incidnets	incidnets 1 incident	incidents incidents	incidents
The ratio of seizures to the number of people												
who have seizures will decrease each quarter.												
	Reduce	Reduce	Reduce	Reduce	Reduce	Reduce	Reduce	Reduce	Reduce	Reduce	Reduce	Reduce
100% of Indivduals that reside at the facility												
will be free of new on-set seizures.	100%	100%	100%	100%	100%	%96	100%	100%	100%	100%	100%	100%
100% of the people that reside at the facility												
will be free of fecal impaction during the												
reporting period.	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
100% of people will participate in their												
activities without experiencing pressure ulcers.				,								
	100%	100%	100%	100%	100%	92.37%	100%	97.37	100%	87.81	100%	87.81
The number of people who receive 3 or more									1			
laxatives will reduce each quarter.	Reduce	N/A	Reduce	N/A	Reduce	Reduce	Reduce	N/A	Reduce	Reduce	Reduce	Reduce
The number of people that live at the ICF/ID	_											
placed on 2 or more antipsychotics will reduce	Reduce	Increase	Reduce	Reduce	Reduce	no change	Reduce	no change	Reduce	increase	Reduce	Reduce
Reduce the number of infections each quarter.												
	*	* *	**	**	*	*	*	*	*	:	*	* *
The percentage of irregularities will decrease												
each quarter.	*	**	**	**	*	*	*	*	**	***	*	*
Hoolth Chart Audite												
25% of quarterly chart audits will be completed without error.	*	*	**	*	*	*	*	**	*	*	**	**
Nursing Audits												
Random audits will be completed on 10% of												
5			*	*	*	**	*	*	*	*	**	*

BSDC - ALL ICF	State Bldg		State Cott		Sheridan Cot	1	Solar Cot		Kennedy		is.	ridan Bldg.
Indicator - Meaningful						×		-		_	,	
Community Integration:				_								
Each Individual will go on a social outing at least once per week.	*	*	**	*	*	*	*	*	*	*	*	*
Recreation information												
100% of Recreation Assessments Current	100%	700%	4001	% 100%	100%	100%	100%		100% 100%	100%	100%	100%
75% Recreation staff attend 3rd quarterly and IDT meetings	85%										85%	
100% of success stories will be included in recreation staff members weekly report.	*		*				*		:	000	*	
Vocational information						To and a second			0/1	04%		04%
100% of those not classified as retired will be involved in paid employment.	2nd quarterly	· - 71 of 90 that	are not class.	ified as retired	were involved	2nd quarterly - 71 of 90 that are not classified as retired were involved in paid employment.	ent.					
100% of all assessments or reports completed will be without deficiency in content of those requirements specified by regulatory agencies.	%68	%05 C8	% 8 8	%0 Y C%	%08 %08	760 Z C 8	%00	00 100	700		800	
# of jobs open/vacant	**-2nd quarter									0700000	02/0	02.3070
100% of individuals on campus will be involved and quarter-43 of 151 or 28% of indivin community employment through supported, contracted, or competitive work.	2nd quarter-4	13 of 151 or 28%	6 of individua	ls on campus	were involved ir	iduals on campus were involved in community emploment.	ploment.					
40% of individuals on campus will increase their average time spent in work during the 1st quarter of 2011.		otal of 51 of 10	3 or 47% wor	king increased	their average ti	2nd quarter-total of 51 of 108 or 47% working increased their average time spent in work.	نج					
95% of Individuals working in a regularly scheduled training job through Sheridan Industries will be evaluated on job performance.	*	**	*) * *	* *	- *	* *	**	* *	*	* *	**
Staff Injuries									-			
The facility will reduce/eleminate all staff injuries	*	6 Injuries	*	3 injuries	* *	7 injuries	* *	12 staff injuries	*	12 staff		12 staff
Facility staffing	i 2 1											
	**	17%	*	10%	** %	17%	*	21	21% **	22% **		22%
The facility will maintain 10% or less Turnover rate for Direct Support Professionals	15%	%6	15%	%9	, 15%	4%	15%		9% 15%	%6	15%	%6
100% of all new employees with have background checks	*	** 100%	* *	1005	100% **	100%	* *	100%	*	10		100%

BSDC - ALL ICF	State Bldg		State Cott	ļ	Sheridan Co	ıt	Solar Cot	Cot	Kennedy	,	ridan Bldg.
100% of staff to client levels will not fall below											
those in Tag W 187.	**	1:2.60	*	1:1.45	* *	1:1.70	*	1:1.59	* *	1:2.2 **	1:2.2
Individuals involvement		1									
Each Individual will spend 5 hours away from	**	*	**	*	**	**	*	*	**	**	*

** New objective, no data.

***No data collected until the beginning of the Vocational Director and the QI coordinator are Lines 66, 68, 69, and 70 have not been broken down into the 5 ICF/ID's at this time. The

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			5
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*			Physica	l and Mec	hanical Re	straint	A mente	
	Physical Restraint DURATION	Physical Restriant COUNT	Mechanical Restriant DURATION	Mechanical Restraint COUNT	Chemical Restraint COUNT	Medical Restraint COUNT	TOTAL DURATION	TOTAL COUNT
4th Qtr 2007**	892	119	279	5			1171	124
1st Qtr 2008	846	146	7578	96	0	11	8424	253
2nd Qtr 2008	700	141	4041	68	0	5	4741	214
3rd Qtr 2008	737	164	4014	59	0	6	4751	229
4th Qtr 2008	377	74	1511	25	0	8	1888	107
1st Qtr 2009	959	160	4320	77	0	14	5279	251
2nd Qtr 2009	907	162	3081	56	0	0	3988	218
3rd Qtr 2009	703	134	2340	54	0	0	3043	188
4th Qtr 2009	1104	201	931	29	0	0	2035	230
1st Qtr 2010	775	154	739	24	1	12	1514	191
2nd Qtr 2010	733	117	1522	38	15	52	2255	222
3rd Qtr 2010	499	98	1233	24	16	61	1732	199
4th Qtr 2010	466	82	708	20	19	42	1174	163
1st QTR 2011	337	71	582	11	2	19	919	103
2nd QTR 2011	1189	162	185	5	2	36	1374	205
3rd QTR 2011	1714	193	903	20	12	33	2617	258
2008 Quarterly Average	665	131.25	4286	62			4951	200.75
2009 Quarterly	4	No. Page 1	Mary Carl	Paul Ton 1		The Tay	4. 3. 1	
Average	918.25	164.25	2668.00	54.00	0	0	3586.25	221.75
2010 Quarterly	619.25	112.75	1050 5	26.5	12.75	/1 7F	1668.75	193.75
Average	618.25	112.75	1050.5	20.5	12.75	41.75	1000./5	133.75
2011 Quarterly Average	1080.00	142.00	556.67	12.00	5.33	29.33	1636.67	188.67

^{**} Restraint Use Data not fully collected/captured in Avatar system because Avatar data system not operational during 4th Quarter 2007.

^{*}Physical Restraint (includes Mandt)







